

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: David N. Ku
Application No.: 10/658,932
Filed: September 9, 2003
For: Flexible Spinal Disc

Confirmation No. 3113
Group Art Unit: 3738
Examiner: David H. Willse

Date: July 27, 2006

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Attached is a list of documents on Form PTO-1449, together with a copy of any listed foreign patent document and/or non-patent literature. A copy of any listed U.S. patent and/or U.S. patent application publication is not provided herewith in accordance with the amendment by the U.S. Patent and Trademark Office to 37 C.F.R. § 1.98(a)(2)(ii) effective October 21, 2004.

In accordance with the requirements of 37 C.F.R. § 1.97(c)(2), the Commissioner is authorized to charge the \$180.00 fee specified in 37 C.F.R. § 1.17(p). This amount is believed to be correct. However, the Commissioner is authorized to charge any deficiency or credit any overpayment to Deposit Account No. 50-0220.

It is requested that these documents be considered by the Examiner and officially made of record in accordance with the provisions of 37 C.F.R. §1.56 and Section 609 of the MPEP.

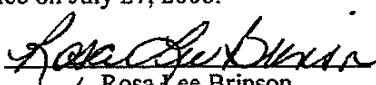
Respectfully submitted,


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CERTIFICATION OF TRANSMISSION
UNDER 37 CFR § 1.8

I hereby certify that this correspondence is being transmitted electronically to the U.S. Patent and Trademark Office on July 27, 2006.


Rosa Lee Brinson

Substitute form 1449A/PTO		<i>Complete if Known</i>	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT		Application Number	10/658,932
<i>(use as many sheets as necessary)</i>		Filing Date	September 9, 2003
		First Named Inventor	David N. Ku
		Group Art Unit	3738
		Examiner Name	David H. Willse
Sheet	D1 of D1	Attorney Docket Number	9537-3

OTHER NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published	T
	1.	ERRICO, T. J., <i>Lumbar disc Arthroplasty</i> , Clinical Orthopaedics and Related Research, No. 435; pp. 106-117, 2005.	

Examiner Signature _____ Date Considered _____

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.